

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4454

BIRTH NO. 7110-50 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 26

3620

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington
c. LENGTH OF STAY (in this place) 3 hrs
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)
a. STATE Missouri b. COUNTY Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington
d. STREET ADDRESS (If rural, give location) St. Francis Hosp.

3. NAME OF DECEASED
a. (First) DAVID b. (Middle) ALAN c. (Last) WALL
4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1950

5. SEX Male 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 2-20-50 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. - - 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (State or foreign country) Washington Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Richard Leslie Wall 13b. MOTHER'S MAIDEN NAME Betty Ahlert 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard Leslie Wall, St. Clair, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apnea & Electrocution
ANTECEDENT CAUSES (b) Prematurity
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1950, to 2-20, 1950, that I last saw the deceased alive on 2-20, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. L. Serry (Degree or title) 23b. ADDRESS Union Mo. 23c. DATE SIGNED 2-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-21-50 24c. NAME OF CEMETERY OR CREMATORY Anaconda Ceme 24d. LOCATION (City, town, or county) (State) Anaconda, Missouri

DATE REC'D BY LOCAL REG. Feb. 20, 1950 REGISTRAR'S SIGNATURE 99 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Casey & Russell, St. Clair, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 25 1950
District Health Officer No. 9,
District File Number.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 4520

P. O. Address H. Clair, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.